

only unanimously adopt this. We vote on an awful lot of motions to instruct here that are immediately tossed in the trash can by the negotiators. I would hope that this would be one motion that is respected, where we deliver and where we give back a little bit to our seniors who gave so much to us, our grandparents, our great grandparents and others. The greatest generation deserves better than a cut in the programs that are helping the most fragile and vulnerable of them.

Mr. REGULA. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, just briefly, I think for those that have listened to this debate tonight, as a society we can take pride in this program of the Older Americans Act. And I might add one that has not been discussed yet is the Caregivers Program which is also in our subcommittee to help people gain the knowledge of how to provide care to their elderly relatives, family, and so on in the home setting. All of this adds up to a real effort to allow those who want to stay in their homes to do so. And in the House bill, we can increase the amount over last year. And we will be very mindful of the thrust of this instruction as we negotiate with the other body in a final number.

But, again, I would say that as Americans we can take pride in what we have done, I think in the Older Americans Act, to allow people to stay in their home, to allow people to have some social contact with the other members of their community, to allow the volunteers who want to help others to have this opportunity. So we certainly support the motion to instruct. And as a conferee, I will do all that I can to urge that we do get the highest possible number within the constraints of priorities that we have in the bill and the constraints of the allocation that we started with originally.

Mr. Speaker, I yield back the balance of my time.

Mr. KENNEDY of Rhode Island. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I want to thank the chairman of the committee, the gentleman from Ohio (Mr. REGULA) who is chairman of the Labor Health and Human Services and Education Subcommittee of the Committee on appropriations on which I serve. I want to join him in saying that I think we need to do a lot more within the Older Americans Act, not only in the congregate meal site and the Meals on Wheels, but, as you pointed out, the support for family members, many of them I know that you understand are burning out because they do not have the support that they need to care for their loved ones.

As the chairman has said so well, often the greatest number of caregivers in this country are seniors themselves. And they are caring for their loved ones, and they need to have all the support they can get too. So I thank the chairman for acknowledging that. We

need to look out for the caregivers, as well, if we care about those that they are caring for. I appreciate the fact that he made that observation.

With that, Mr. Speaker, let me just, once again, say that I rise in support of this motion to instruct conferees, to see it to the highest possible level when it comes to nutrition programs, Meals on Wheels, and congregate meal site programs within the conference report.

Ms. ROYBAL-ALLARD. Mr. Speaker, I rise in support of the Kennedy motion to instruct conferees to the Labor-HHS-Education Appropriations bill to insist on the highest funding levels for senior nutrition programs.

All of us know that the Labor-HHS-Education Appropriations bill contains many of the most worthwhile programs administered by the federal government, and nutrition programs for seniors are just one example.

As a new member of this subcommittee, I was impressed by the testimony from the Administration on Aging outlining the enormous good that these programs accomplish each year. Although Chairman REGULA has often reminded us of the need to comply with budget restrictions, I believe he and the Republican members of the subcommittee know the importance of increasing funding for these programs each year in order to keep pace with inflation and to make progress in providing meals to additional seniors.

In California, with an estimated population of over 35 million people, over 4 million people are 65 years or over. These seniors are served over 11 million home-based meals through Older Americans Act programs, and another 9 million congregate meals are served.

These statistics are testament to the enormous leveraging effect that federal nutrition programs accomplish. As testimony by the Administration on Aging reveals, 44 percent of the cost of a congregate meal and 29 percent of the cost of a home-delivered meal comes from Older Americans Act funds—the balance comes from state, community and private contributions.

Unfortunately, the demand still exceeds these combined federal and local community efforts. The need for these programs is undisputed. In fact, testimony from the Administration on Aging reveals that 41 percent of home-delivered nutrition programs and 9 percent of congregate nutrition programs have waiting lists for services. On average, local programs had 85 seniors on a home-delivered meals waiting list with a wait time of nearly 3 months. On average, local programs had 52 seniors on a congregate meals waiting list with a wait time of about 2 months.

As the evidence indicates, I believe it is important that we strive to make incremental progress every year to support the goal of adequate nutrition for seniors by eliminating the waiting lists and providing meals to all seniors who need them.

The differences between the House and Senate bills with regard to senior meals may appear small—about 4 million dollars out of a total of over \$700 million for senior nutrition services. But we know these dollars make an enormous difference in the lives of so many seniors.

I urge my colleagues to support the Kennedy motion so we can make progress again this year.

Mr. KENNEDY of Rhode Island. Mr. Speaker, I yield back the balance of my time.

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The SPEAKER pro tempore (Mr. BISHOP of Utah). Without objection, the previous question is ordered on the motion to instruct.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to instruct offered by the gentleman from Rhode Island (Mr. KENNEDY).

The motion to instruct was agreed to.

A motion to reconsider was laid on the table.

## 2003 NATIONAL MONEY LAUNDERING STRATEGY—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, without objection, referred to the Committee on the Judiciary and the Committee on Financial Services:

*To the Congress of the United States:*

Consistent with section 2(a) of the Money Laundering and Financial Crimes Strategy Act of 1998 (Public Law 105-310; 31 U.S.C. 5341(a)(2)), enclosed is the 2003 National Money Laundering Strategy, prepared by my Administration.

GEORGE W. BUSH.  
THE WHITE HOUSE, November 18, 2003.

## ACKNOWLEDGING AN OUTSTANDING INDIVIDUAL SUPPORTING PEACE IN OUR WORLD NAMED REVEREND DR. MICHAEL BECKWITH

(Ms. WATSON asked and was given permission to address the House for 1 minute.)

Ms. WATSON. Mr. Speaker, I rise today to acknowledge an extraordinary human being. Reverend Dr. Michael Beckwith, an outstanding man, an emissary of peace and a humanitarian for all people, has made a profound and lasting impact on our world through his distinctive stand for peace and harmony in our community.

Having known Reverend Michael, as his community affectionately refers to him, since he was a child, I can unequivocally say that his life is a testament to building community. In the 1970s, he began a journey that to this day embraces the major religions, philosophies and cultures of East and West. One significant manifestation of his vision began in 1986 when Dr. Beckwith founded Agape, a transdenominational community with over 9,000 members currently devoted to the study and practice of the New Thought-Ancient Wisdom tradition of spirituality.

If it is so, as Emerson has stated, that every institution is but the

lengthened shadow of one person, then the Agape International Spiritual Center, the Association for Global New Thought, and the Season for Nonviolence are all indeed extensions of Dr. Beckwith. Furthermore, they are distinctly an emblem of his vision of one human family united on a foundation of peace based on the spiritual origin of every man, woman and child.

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If it is so, as Emerson has stated, that, "every institution is but the lengthened shadow of one person," then the Agape International Spiritual Center, the Association for Global New Thought and the Season for Nonviolence are all indeed extensions of Dr. Beckwith. Furthermore, they are distinctly emblematic of his vision of one human family united on a foundation of peace based on the spiritual origin of every man, woman and child.

One of the largest churches of its kind, the Agape church is a portrait of multiculturalism. The diversity you will find attending service on Sunday can be compared to the diversity that would be found by walking into the United Nations. Further, Agape's unique outreach ministry reaches deep into the heart of the community to care for city, country and world citizens who need it most.

But Dr. Beckwith's impact is even greater. His entire life, being dedicated to serving his community and creating harmony in our world, has attracted the movement's most influential visionaries, leaders and teachers including Arun Gandhi and his Holiness the Dalai Lama of Tibet. Coretta Scott King wrote in a personal letter to Reverend Michael upon his election as an assembly member of the Parliament of the World's Religions, "I greatly admire what you are doing to bring about the Beloved Community, which is certainly what my dear husband worked for an ultimately gave his life."

Whether it's through his leadership as president of the Association of Global New Thought where he stands with co-creative leaders on the threshold of an evolutionary leap that dares to call an end to human suffering, as the author of Forty Day Mind Fast-Soul Feast and A Manifesto of Peace, or as co-founder of the Season for Nonviolence, a grassroots effort expanding the power and truth of non-violence, Reverend Michael stands before us as an exemplary guide to living in a world united by humankind's highest spiritual, philosophical, educational and scientific expression.

## ON THE HEALTH CARE EQUALITY AND ACCOUNTABILITY ACT OF 2003

(Ms. JACKSON-LEE of Texas asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. Mr. Speaker, in the backdrop of just returning from Iraq and seeing the challenges of our soldiers, might I offer to their families and those who lost their lives in the Black Hawk incident of just about 3 days ago my deepest sympathy.

I rise today because I am very proud to be joining with my colleagues in the offering of the Health Care Equality and Accountability Act of 2003, I believe one of the singular legislative initiatives of this century. I congratulate the gentleman from Maryland (Mr. CUMMINGS), chair of the Congressional Black Caucus; the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN), chair of the Congressional Black Caucus Health Brain Trust; House Democratic leader NANCY PELOSI; Senate Democratic leader TOM DASCHLE; Senator EDWARD KENNEDY; as well as leaders of the Congressional Hispanic Caucus, the gentleman from Texas (Mr. RODRIGUEZ); Congressional Asian Pacific American Caucus; and the Native American Caucus. This has been a tremendous coming together recognizing the need for curing disparity in health care in America.

I am very proud that this bill improves the diversity of our health workforce, improves data collection on health disparities, and helps to reduce the disparities by promoting accountability and strengthening the institutions that serve minority communities.

I am glad to have been the author of two particular pieces of this legislation, one that will create the Center for Cultural and Linguistic Competence in Health Care so that individuals who speak a different language, who have a different culture will be able to be treated by those health professionals who understand; and a piece to be able to give visas to those who will come and to treat those in the inner city areas and rural communities.

Mr. Speaker, this is a great bill. I hope my colleagues on both sides of the aisle will help to see this bill passed immediately to save lives here and abroad.

Mr. Speaker, across this great Nation the health disparities between minority and majority populations are staggering. As the economy continues to falter and as the unemployment rate spikes, millions of Americans are losing their health insurance. That state of affairs will only make the health disparities worse. Therefore, the introduction and movement of this legislation is imperative.

I commend my colleagues: Representatives ELIJAH E. CUMMINGS, chair of the Congressional Black Caucus (CBC), Delegate DONNA CHRISTENSEN, chair of the CBC Health Braintrust, House Democratic Leader NANCY PELOSI, Senate Democratic Leader TOM DASCHLE, and Senator EDWARD KENNEDY, as

well as Leaders from the Congressional Hispanic Caucus, the Congressional Asian Pacific American Caucus, and the Native American Caucus. This has been a tremendous effort, and has truly resulted in a landmark piece of legislation.

This bill will expand health coverage, improve the diversity of our health workforce, improve data collection on health disparities and then help reduce those disparities by promoting accountability and strengthening the institutions that serve minority communities. Truly, this bill represents years of intense thought and discussion, and 9 months of hard work on both the House and Senate sides. It is the comprehensive approach that this important issue deserves. The Healthcare Equality and Accountability Act is a solid foundation upon which we can build a strong healthcare system that will bring quality affordable healthcare to all Americans.

I am also pleased to be the author of two pieces in this landmark legislation. First, this act will create the Center for Cultural and Linguistic Competence in Health Care. Too often, even people who can afford to pay for quality care receive second-rate services because healthcare providers cannot speak their language or relate to their cultural health backgrounds. Good medicine is more than dispensing pills; it is about communication and an understanding relationship between doctor and patient. The center will help foster that kind of relationship.

Also, drawing on my expertise as ranking member on the House Subcommittee on Immigration and Claims, I was gratified to contribute a piece that will provide appropriate visas for healthcare providers to come to the U.S. to work in underserved areas as needed.

It is a misconception that minority health care is just about helping minorities. Keeping Americans healthy ensures that children can stay in school and that their parents can go to work. It ensures that our emergency rooms are not glutted. It ensures that our hospitals are not wasting time and money chasing the uninsured with massive bills they cannot afford to pay anyway. Keeping Americans healthy ensures that all of our friends, neighbors, and loved ones can have longer, more productive lives to contribute to our communities and to our economy.

We all pay the cost of leaving people in America without health coverage. We cannot afford to pay that high cost any longer. The time for health equality is now.

## SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 2003, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

## BAD DEAL FOR AMERICA'S SENIORS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. DEFAZIO) is recognized for 5 minutes.

Mr. DEFAZIO. Mr. Speaker, there is a lot of confusion from the debate earlier tonight about what the so-called pharmaceutical benefit for seniors is or is not. Let us just clarify things a little bit.